



PATENT

IPW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/797,448
Filing Date: March 10, 2004
Applicant: Joseph Bliss
Group Art Unit: 3724
Examiner: To Be Assigned
Title: MODULAR DIE PRESS ASSEMBLY

Attorney Docket: SUP-00001

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

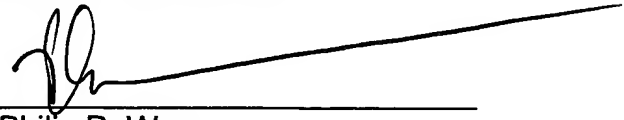
STATUS LETTER

Sir:

Please advise when we may expect an Office Action in the above-identified patent application, which was filed on March 10, 2004.

Respectfully submitted,

WARN, HOFFMANN, MILLER & LALONE, P.C.
Attorneys for Applicant(s)

By: 
Philip R. Warn
Reg. No. 32775

P.O. Box 70098
Rochester Hills, MI 48307
(248) 364-4300

Dated: June 14, 2005

PRW:slm

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Total Number of Pages in This Submission

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First Named Inventor	Joseph Bliss
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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks Applicant believes no fee to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Warn, Hoffmann, Miller & LaLone, P.C.		
Signature			
Printed name	Philip R. Warn		
Date	June 14, 2005	Reg. No.	32775

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Signature			
Typed or printed name	Philip R. Warn - Reg. No. 32775	Date	June 14, 2005

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